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PTO/SB/50 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

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Attorney Docket No.	TECMED893
First Named Inventor	GOBELI, Garth W.
Original Patent Number	6,246,893 B1
Original Patent Issue Date (Month/Day/Year)	June 12, 2001
Express Mail Label No.	ER 443026496 US

APPLICATION FOR REISSUE OF:
(Check applicable)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☒ Power of Attorney
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
 - ☒ Written Consent of all Assignees (PTO/SB/53)
 - ☐ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☐ Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
11. ☒ Original U.S. Patent for surrender
 - ☒ Ribbioned Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☐ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: Transmittal Letter

Certificate of Express Mailing

18. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

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or

☒ Correspondence address below

Name	Kevin Lynn Wildenstein				
Address	TecMed, Inc.				
	5012 Copper Blvd. NE			Zip Code	87108
City	Albuquerque	State	New Mexico	Fax	505.468.0556
Country	United States	Telephone	505.468.0555		

NAME (Print/Type)	Kevin Lynn Wildenstein	Registration No. (Attorney/Agent)	39,072
Signature	<i>Kevin Lynn Wildenstein</i>	Date	December 1, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number

TECMED893**Claims as Filed - Part 1**

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 41	Total Claims (37 CFR 1.16(j))	(B) 41	**** 0 =	x \$ 9 =	\$0	or	x \$ 18 =	\$0
(C) 5	Independent claims (37 CFR 1.16(i))	(D) 5	* 0 =	x \$ 42 =	\$0		x \$ 84 =	\$0
Basic Fee (37 CFR					\$375			
Total Filing Fee					\$375			\$0

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 41	MINUS	** 41	= 0	x \$ 9 =	\$0	x \$ 18 =	\$0
Independent Claims (37 CFR 1.16(i))	*** 5	MINUS	***** 5	= 0	x \$ 42 =	\$0	x \$ 84 =	\$0
Total Additional Fee					\$0		OR	\$0

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☒ Applicant claims small entity status. See 37 CFR 1.27.☒ Please charge Deposit Account No. 502891 in the amount of \$385.00.
A duplicate copy of this sheet is☐ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____.
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

Dec. 1

2003

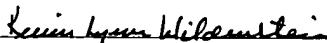
Date

Kevin Lynn Wildenstein

Signature of Applicant, Attorney or Agent of Record

Kevin Lynn Wildenstein

Typed or printed name

CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10) Applicant(s):			Docket No. TECMED893	
Serial No.	Filing Date	Examiner	Group Art Unit	
Invention: METHOD AND DEVICE FOR GLUCOSE CONCENTRATION MEASUREMENT WITH SPECIAL ATTENTION TO BLOOD GLUCOSE DETERMINATIONS (US Patent No. 6,246,893 B1, Issued June 12, 2001)				
<p>I hereby certify that the following correspondence:</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> Transmittal Letter; Reissue Patent Application Transmittal and listed documents; Reissue Application Declaration by Assignee; Copy of US Patent 6,246,893 B1; Original Ribbon Copy of US Patent 6,246,893 B1 for surrender </div> <p style="text-align: center;"><i>(Identify type of correspondence)</i></p> <p>is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on</p> <div style="margin-top: 20px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p style="text-align: center;">December 2, 2003</p> <p style="text-align: center;"><i>(Date)</i></p> </div> <div style="width: 55%;"> <p style="text-align: center;">Kevin Lynn Wildenstein</p> <p style="text-align: center;"><i>(Typed or Printed Name of Person Mailing Correspondence)</i></p> <div style="margin-top: 10px;">  <p style="text-align: center;"><i>(Signature of Person Mailing Correspondence)</i></p> </div> <p style="text-align: center;">ER 443026496 US</p> <p style="text-align: center;"><i>("Express Mail" Mailing Label Number)</i></p> </div> </div> </div> <p style="text-align: center; margin-top: 40px;">Note: Each paper must have its own certificate of mailing.</p>				

**TRANSMITTAL LETTER
(General - Patent Issued)**

Docket No.
TECMED893

Patentee(s): **GOBELI**

U.S. Patent No.

6,246,893 B1

Issue Date

June 12, 2001


Title: **METHOD AND DEVICE FOR GLUCOSE CONCENTRATION MEASUREMENT WITH SPECIAL
ATTENTION TO BLOOD GLUCOSE DETERMINATIONS**

TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is:

Certificate of Express Mailing; This Transmittal Letter; Reissue Patent Application Transmittal and listed documents; Reissue Application Declaration by the Assignee; Copy of US Pat No. 6,246,893 B1; Ribbon Copy of US Pat. No. 6,246,893 B1

- ☐ No additional fee is required.
- ☐ A check in the amount of _____ is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. _____ as described below.
- ☐ Charge the amount of _____
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Dated: **December 1, 2003**

**Southwest Intellectual Property Svcs. LLC
6700-B Jefferson NE, Suite 8
Albuquerque, New Mexico 87109
505.468.0555**

I certify that this document and fee is being deposited on Dec. 1, 2003 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Signature of Person Mailing Correspondence

Kevin Lynn Wildenstein

Typed or Printed Name of Person Mailing Correspondence

CC: